have been due to the infection and not to the hepatic syphilis, and call attention to the analogy between this case and cases of Weil's disease due to the proteus.—*Comptes Rendus de la Société de Biologie,* May 24, 1895.

THE PRESENCE OF THE TUBERCLE BACILLUS IN THE BLOOD OF THE UMBILICAL VEIN OF CHILDREN BORN OF TUBERCULOUS MOTHERS.

BAR and **RÉNON** have recently, in five cases where children were born to tuberculous mothers, collected at the time of birth small quantities of the blood flowing from the placenta, which they inoculated into guinea-pigs.

In two of these cases, in both of which the tuberculosis in the mother was far advanced, the results were positive, the animals dying with marked local tuberculosis and also tuberculosis of the internal organs. The bacilli of tuberculosis were recovered from the seat of inoculation in each case. Of the three unsuccessful cases, in two the tuberculosis in the mother was mild and in the third severe. The children in these cases lived and were healthy.

In the positive cases, one child was born dead and the other died shortly after birth of pneumonia. The placenta in both cases appeared normal, and in the case of the dead-born child no appreciable visceral lesions could be made out, though inoculation of pieces of viscera caused tuberculosis in the guinea-pig.—*Comptes Rendus de la Société de Biologie,* July 5, 1895.

PLEURITIS DUE TO THE PROTEUS VULGARIS.

CHARRIN and **NOBÉCOURT** report the case of a woman seven and a half months pregnant who developed a left-sided pleurisy with severe dyspnœa and grave general depression. The physical signs indicated a small amount of fluid, and exploratory puncture confirmed the indication. The fluid withdrawn was purulent, and had a stale, nauseating, fetid odor; it contained gas and a bacillus which culturally corresponded in every way to the proteus vulgaris.

The patient gradually sank, abortion took place, and death a few hours later.

The child gradually lost weight, and twenty-nine days after birth weighed fifty grammes less than it did at the time of birth.

The autopsy on the mother showed nothing to account for the fatality of so small a pleural effusion, and the authors account for it by the decreased resistance due to pregnancy and the absorption of the toxic products of the proteus, which they consider of a very virulent nature.

The wasting of the child they consider due to poisoning from absorption of toxins from the mother.—*Compt. Rend. de la Société de Biologie,* June 21, 1895.

THE GOULSTONIAN LECTURES ON THE SUPRARENAL BODIES.

ROLLESTON (*Brit. Med. Journ.,* March 23 and 30, April 6, 1895) dealt with this subject very fully in three lectures, delivered before the Royal College of Physicians of London. The author first describes the special conformation of each gland and its relation to the surrounding structures. Accessory suprarenals not uncommonly occur either in the surrounding connective tissue or less frequently imbedded in the substance of the kidney or liver, in which case the term "rests" has been applied to them.

The histology of the gland is described. In origin the cortex is supposed to be derived from the mesoblast or the Wolffian body, whilst the medulla is regarded as having the same origin as the sympathetic system, on account of its containing ganglionic cells. The author regards the gland as a functional whole, the cortex and medulla doing the same work, but in unequal degrees. Schäfer and Oliver hold, however, that the medulla alone yields the active principle of the extract.

Atrophy of the suprarenals occurs normally in old age, but may occur earlier in life and cause Addison's disease. Hemorrhage into the substance of the gland may be due to traumatism either late in life or in infants at birth. Fatty and lardaceous degenerations occur, and the glands have been found to contain cysts. Rolleston had examined the suprarenals at 1050 autopsies; in 131 cases death was due to tuberculosis, and in 18 instances the glands were tuberculous, without, however, there being any signs of Addison's disease. Children up to ten years of age seemed to be immune to adrenal tuberculosis. Of simple tumors adenomata are most common. The "rests" may undergo the same change. Sarcomata and carcinomata occur primarily, the former being the commoner. Here, again, the "rests" may become sarcomatous, and thus cause sarcoma of the kidney or liver. Secondary sarcoma and carcinoma of the adrenals also occurs.

Brown-Séquard experimented on animals and found: (1) that the adrenals were essential to life; (2) that suppression of their function was more rapidly fatal than suppression of the secretion of urine; (3) that they modified or destroyed a substance which otherwise transformed itself into pigment and which collected in the blood; (4) that the blood of an animal from whom the glands are removed becomes poisonous and often proves fatal when injected into other animals of the same species. A number of writers hold that Addison's disease is due to an affection of the sympathetic system, and claim that where the adrenals are found to be diseased the symptoms are really due to involvement of the sympathetic nerves in their vicinity. Tizzoni claims that the symptoms produced by the removal of the suprarenals are not due to the cessation of their function, but really to the injury of the sympathetic nerves during the operation.

Schäfer and Oliver have found that injection of the extract of the glands produces (1) a rise in blood-pressure due to arterial constriction; (2) a marked inhibition of the heart, acting through the vagus; (3) a paresis of the muscles, with absence of knee-jerks.

Wilks holds that the lesion of the suprarenals in Addison's disease is very constant; he considers it a primary inflammation, comparable to hepatic cirrhosis. Tuberculosis of the adrenals is considered the most common cause of Addison's disease, although well-authenticated cases have shown the adrenals to possess other lesions. The spleen and the lymph-follicles of the stomach and intestine are generally found enlarged in this disease. The pigmentation in Addison's disease is really an exaggeration of that normally found, the pigment being present in the stratum Malpighii and in the dermis in the "carrier cells," which probably convey it from the bloodvessels to the epidermis. Pigmentation of the mucous membranes was considered a more valuable diagnostic sign than cutaneous bronzing.

Three theories were held as to the cause of Addison's disease: (1) that it was due to a lesion of the sympathetic system; (2) that the adrenal glands were excretory, removing effete blood-pigment and toxins from the circulation; (3) that their function was secretory, the glands producing some fluid which was necessary to the economy; the interference with the function in the latter two cases producing Addison's disease. The author summed up the arguments in favor of each theory, and stated that the first two were untenable, but was strongly in favor of the view that the function of the suprarenals was excretory.

Treatment of Addison's disease with suprarenal extract had been on the whole satisfactory. Rolleston did not think a quantity of the extract equivalent to two glands daily was too much. Dr. Oliver thought that the extract might be a good hæmostatic in hæmophilia, purpura, etc.

THE URINE IN CARCINOMA.

DUPLAY, CAZIN, and SAVOIRE, in a recent research on the state of the urine in carcinoma, come to entirely different conclusions from Rommelaere, who has insisted on the decrease of urea and phosphates in this disease, independent of alimentation.

The authors conclude that decrease in excretion of urea is not constant in the subjects of carcinoma, and only occurs when the patient can no longer assimilate food. As long as nutrition is assured by a suitable diet excretion of urea is normal even when the carcinomatous lesion is advanced; when alimentation is diminished, however, the excretion of urea is diminished considerably. The decrease in excretion of urea then cannot be considered as symptomatic of cancerous affection, but simply as one of the manifestations that may accompany the cancerous cachexia when the assimilation of food is faulty.

The decrease in excretion of phosphates also is not at all constant in cancer, and does not, any more than the decrease in urea, constitute a diagnostic element.—*Archives Genèrales de Mèdecine,* July, 1895.

LEUCOCYTOSIS IN PNEUMONIA.

STIENON has recently made an exhaustive study of the number and character of the leucocytes in acute pneumonia. He takes up first the question of number, and comes to the conclusion that in most cases the number varies considerably, the increase, as a rule, disappearing with the increase of fever.

With regard to the morphology of the leucocytes he concludes that in the febrile stage the polynuclears predominate, the eosinophiles being very scarce. After the crisis the small mononuclear elements increase greatly. In case of slow resolution the polynuclears remain increased.

As soon as the polynuclears begin to diminish the eosinophiles increase, this increase occurring early in mild cases, and being slight or wanting in cases of suppuration.

Though the polynuclear variety of leucocytes predominates during the